



On Ice Programs

AT NOTTAWASAGA CENTRE ICE SPORTSPLE X
6015 HIGHWAY 89 ALLISTON, ONTARIO

Jan 6 - March 9 2020- Monday Nights
(skip family day)

Skating and Skills: 5:00pm -5:50pm

3, 4 and 5 YEAR OLDS • 9 WEEK PROGRAM • Cost: \$238.93+ HST = \$270.00

Skating & Skills: 6:00pm-6:50pm

6, 7 and 8 YEAR OLDS • 9 WEEK PROGRAM • Cost: \$238.93+ HST = \$270.00

Skills & Drills: 7:00pm-7:50pm

9 & up, as drills are broken down into groups •
9 WEEK PROGRAM • Cost: \$238.93+ HST = \$270.00

Players Name: _____

Date of Birth: _____

Guardians Name: _____

Address: _____

City: _____

Postal Code: _____ Home _____

Work#: _____ Cell#: _____ Email: _____

Paid by: **Cash** **Cheque** **Visa/ M/C** **E Transfer** **Amount Enclosed:** _____

HST: 859117798RT

The undersigned parent of the above named child acknowledges that there is always risk of injury. I hereby release PUCKSHY, its officers, directors and employees, from all claims for injury or damages suffered by the child or the undersigned that may arise as a result of the Child's participation in the Puckshy program. I further agree to indemnify and save Puckshy, its officers, directors and employees harmless from all claims made by the child or any party in any way resulting from the Child's participation in the Puckshy Program.

Read and Accepted:

SIGNATURE: _____ DATE: _____

VISA Number: _____ Expiry Date: _____

If paying by VISA/MasterCard please type or print the number and expiry date in the space provided. VISA/MasterCard will accept this as your approval to process the charges listed above to your VISA/MasterCard account. A 3% fee added if paying by Visa/MasterCard.

I wish to subscribe and receive email from Puck Shy YES NO SIGNATURE: _____

www.puckshy.com

All registration fees are Non-refundable

Please forward the completed registration form and payment to:

Puckshy c/o Steve Matthews

60 Main St W Po Box 446 Beeton, Ont L0G 1A0

Phone: 705-435-3168 Fax: 705-435-0722 Email: steve@puckshy.com